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CONFIRMATION NO. 5096

<b>SERIAL NUMBER</b> 10/559,647	<b>FILING OR 371(c) DATE</b> 07/31/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> ISPH-0595USA
<b>APPLICANTS</b> Rosanne M Crooke, Carlsbad, CA; Mark J. Graham, San Clemente, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/14540 06/02/2004 which claims benefit of 60/475,402 06/02/2003 and is a CIP of 10/684,440 10/15/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/01/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>AKB</i> Acknowledged <i>AKB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 55389				
<b>TITLE</b> Modulation of apolipoprotein (a) expression				
<b>FILING FEE RECEIVED</b> 715	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	